

NORTH LITTLE ROCK SENIOR CITIZENS COMMISSION

2015 SENIOR HALL OF FAME NOMINATION FORM

NOMINEE'S NAME: _____ AGE: _____ (Minimum 55)

NOMINATED BY: _____ NOMINATOR'S PHONE: _____

NOMINEE'S ADDRESS: _____

NOMINEE'S PHONE NUMBER: (H) _____ (C) _____

NOMINEE'S YEARS OF RESIDENCE IN NORTH LITTLE ROCK: _____

Please complete all areas of this form or state N/A where no response is given. A narrative may be attached if more space is needed.

AREA (S) OF SERVICE IN WHICH NOMINEE HAS BEEN INVOLVED: _____

PREVIOUS HONORS OF RECOGNITION: _____

SPECIFIC REASON (S) FOR THIS NOMINATION: _____

ANY OTHER SUBSTANTIAL INFORMATION: _____

ANY OTHER FACTS OR INFORMATION WHICH HELP TO SUPPORT NOMINATION: _____

LETTERS OF SUPPORT FROM 3 DIFFERENT PEOPLE MUST BE ATTACHED.

DEADLINE FOR SUBMISSION: Friday February 20, 2015

SEND TO: NORTH LITTLE ROCK SENIOR CITIZENS COMMISSION
401 WEST PERSHING
NORTH LITTLE ROCK, AR 72114